

	<b>TECHNICAL UNIVERSITY OF MOMBASA</b>		
	<b>Document: Form</b>		<b>Ref No.: TUM/Form/SGS/008</b>
	<b>Title: APPLICATION FOR INTERRUPTION/CHANGE OF STUDY MODE</b>		
	<b>Department: SCHOOL OF GRADUATE STUDIES</b>		
	<b>Issue No. 1</b>	<b>Revision No. 0</b>	<b>Date: 4th August 2016</b>

**All sections of this form must be completed**

**SECTION 1 - To be completed by the CANDIDATE**

<b>STUDENT DETAILS:</b>			
Name of Student:		University email address:	
Student Number:		@tum.ac.ke <i>(The outcome of your application will be communicated to you via this email address)</i>	
Name of Supervisor(s):		School / Institute:	
Programme:		Stage:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Combined <input type="checkbox"/>
Sponsor:		Current Thesis Submission Date:	
Is this application being submitted to update, supplement or provide new evidence for a previously submitted interruption application?			Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>DETAILS OF PERSONAL EXTENUATING CIRCUMSTANCES: (please tick)</b>		
Medical <input type="checkbox"/>	Personal <input type="checkbox"/>	Other <input type="checkbox"/>
<b>Proposed dates of interruption:</b> From:.....(Date) To:.....(Date) <b><i>A proposed date of return <u>must</u> be stated so that new thesis submission date can be determined.</i></b>		
<i>Please provide as full an explanation as possible of the reasons for your request. Please be specific about the problem, be precise about how your studies have been affected and explain any delays in submitting this form. <b>Details:</b></i>		



<i>Continue on a separate sheet if necessary</i>
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**EVIDENCE:** (please tick and ensure that the evidence is submitted with your application. Note that applications submitted without any evidence will be unlikely to be successful)

Medical Note <input type="checkbox"/>	Wellbeing Memo <input type="checkbox"/>	Other <input type="checkbox"/>
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<b>Signature (student):</b>	<b>Have you consulted your supervisor(s)?</b>	
Date: .....	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**SECTION 2 - To be completed by the ACADEMIC SUPERVISOR**

<b>Signature (academic supervisor):</b>	<b>Do you support this request?</b>	
.....  Date:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

*Please provide a statement outlining the reasons for your decision: **Details:***

*Continue on a separate sheet if necessary*







**TUM is ISO 9001:2015 Certified**